

# SCHOOL ADMINISTRATIVE MATCH

## TIME STUDY FORM INSTRUCTIONS (Revised June, 2004)

### DIRECTIONS FOR THE COORDINATOR:

Distribute this form and the Quick Reference Guide to all participants. Make sure all participants have access to a current Medicaid Provider list. At the beginning of each quarter, five random time study days will be identified by MAA and posted on the automated system. The coordinator must access the system in order to obtain the selected days. In preparation for each time study day, notify all participating school staff and distribute the time study and related form no more than five days in advance. It is required that all time study forms be signed and collected within five working days of the time study day.

### DIRECTIONS FOR SUPERVISORS:

Participants may be informed of the time study day no more than five days in advance. Distribute the time study and related forms. In order to participate, staff must be trained on allowable activities and how to complete the Time Study form. Within five working days of each TS day, review and verify by your signature the completed time study forms. Please confirm with the participant that any changes made to the Time Study form are appropriate.

### DIRECTIONS FOR TIME STUDY PARTICIPANTS:

Only complete the time study for the randomly selected day indicated. Do not change your normally scheduled activities. This is important to the accuracy and validity of the time study. The left hand side of the form lists activity codes and a brief description of the types of activities under each code. For your time spent in Codes 3, 4 and/or 10, **only** fill in the bubbles to the right for time spent for those activities. For activities performed in all other codes, use the Tick Mark column. Each tick mark represents a 15-minute increment of time. For each code with a tick mark, a brief narrative describing the activity is required. At the end of the day, total up the tick marks and complete the bubbles on the right. Next, total the hours tracked from the bubbles. Account for all time worked, which can not be less than your contracted hours. After completing the time study form, sign and date the certification and promptly return the form to your supervisor.

### SAMPLE OF COMPLETED FORM:

	<u>Tick marks 15 min</u>	<u>Narrative description</u>	<u>Total Hours &amp; Minutes</u>
			1 2 3 4 5 6 7 8      15 30 45
Code 3: EDUCATIONAL SCHOOL-RELATED ACTIVITIES			0 0 0 0 X 0 0 0      0 0 X
Code 2: FACILITATING APPLICATIONS	IIII I	Assisted parent in filling out Medicaid app	X 0 0 0 0 0 0 0      X 0 0
Code 5: FACILITATING TRANSPORTATION	II	Called trans broker	0 0 0 0 0 0 0 0      0 X 0
Code 7: PROGRAM PLANNING, POLICY DEVELOPMENT			0 0 0 0 0 0 0 0      0 0 0
<p>Total Paid time worked this day: 7 hrs. 30 min. Total hours tracked this day: 7 hrs. 30 min.  TIME TOTALS ABOVE MUST MATCH</p>			

The remaining space is available for any additional activity documentation, if needed.

# SCHOOL ADMINISTRATIVE MATCH TIME STUDY

**Staff Name (print):** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Date of time study (mm/dd/yy):** \_\_\_\_\_  
**School District** \_\_\_\_\_ **School Building:** \_\_\_\_\_

This time study represents the activities that I performed during the "Date of time study" above. I did not alter my normal routine for the time study or use any other form to track my time for purposes of claiming administrative match funds. **Staff signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I reviewed this time study and it is complete and in compliance with Medicaid Administrative Match program guidelines.

**Supervisor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

			Total Hours & Minutes											
			1	2	3	4	5	6	7	8	15	30	45	
<b>Code 3 - EDUCATIONAL SCHOOL-RELATED &amp; ACTIVITIES</b> - Regular assigned duties, teaching, extra-curricular activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, & general supervision of students			0	0	0	0	0	0	0	0	0	0	0	
<b>Code 4 - DIRECT MEDICAL SERVICES</b> – Provision of care, treatment/patient follow-up &/or counseling services, & the related administrative/clerical activities, & staff related travel			0	0	0	0	0	0	0	0	0	0	0	
<b>Code 10 - SYSTEM SUPPORT OR PERSONAL TIME</b> - <u>Breaks</u> , lunch, annual leave, and sick leave.			0	0	0	0	0	0	0	0	0	0	0	
<b>REFERRAL, COORDINATION &amp; MONITORING</b>	Tick Marks 15-Min Each	Provide a brief narrative description												
<b>Code 9a</b> – Referrals for non-medical services or state education agency mandated child health screens, (Free Care), (e.g. vision, hearing, scoliosis) services			0	0	0	0	0	0	0	0	0	0	0	
<b>Code 9b</b> – Referrals for medical, dental, mental health, substance abuse, & family planning services MUST BE REFERRAL TO MEDICAID PROVIDER.			0	0	0	0	0	0	0	0	0	0	0	
<b>OUTREACH</b>														
<b>Code 1a</b> – Inform potential eligible individuals about General health education, wellness & prevention programs, IDEA & child find activities			0	0	0	0	0	0	0	0	0	0	0	
<b>Code 1b</b> – Inform potential eligibles about Medicaid & Medicaid managed care & encourage access			0	0	0	0	0	0	0	0	0	0	0	
<b>FACILITATING APPLICATIONS</b>														
<b>Code 2a</b> - Explain eligibility process & how to apply for programs like IDEA, TANF, & reduced lunches			0	0	0	0	0	0	0	0	0	0	0	
<b>Code 2b</b> – Explain & assist students/families with Medicaid application process; verify current status			0	0	0	0	0	0	0	0	0	0	0	
<b>TRANSPORTATION</b>														
<b>Code 5a</b> - Scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, &/or educational programs or activities)			0	0	0	0	0	0	0	0	0	0	0	
<b>Code 5b</b> - Scheduling or arranging transportation to Medicaid covered services			0	0	0	0	0	0	0	0	0	0	0	
<b>PROGRAM PLANNING, POLICY DEVELOPMENT &amp; INTERAGENCY COORDINATION</b>														
<b>Code 7a</b> - Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health) screening, policy development, for school aged children			0	0	0	0	0	0	0	0	0	0	0	
<b>Code 7b</b> - Improving coordination/delivery/planning of medical/dental/mental health services to children			0	0	0	0	0	0	0	0	0	0	0	
<b>TRAINING (PARTICIPATION IN OR COORDINATION)</b>														
<b>Code 8a</b> - Improving delivery & referral to non-Medicaid services like IDEA/Child Find activities/programs			0	0	0	0	0	0	0	0	0	0	0	
<b>Code 8b</b> - Improving delivery & referral to Medicaid related services, early identification & referral for special health services like EPSDT, or administrative requirements related to Medicaid services			0	0	0	0	0	0	0	0	0	0	0	
<b>Total paid time worked this day:</b>	<b>Total hours tracked this day:</b>													

TIME TOTALS ABOVE MUST MATCH